PART B-ISSUE FEE TRANSMITTAL

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MAILING INSTRUCTIONS: This form should be use, or transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All futher correspondence including the issue Fee Receipt, the Patent, advance on ers and notification of maintenance fees will be mailed to a idresses entered in Block 1 unless you direct otherwise, by: (a) specifying new correspondence address in Block 3 below, or (b) providing the PTO with a separate "FEE ADD TESS" for maintenance fee notifications with the payment of issue Fee or thereafter. See reverse for Certificate of Mailing, below.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displifys a valid OMB control number. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary 2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change) depending on the needs of the individual case. Any comments on the amount of time required to INVENTOR'S NAME complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. Street Address DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231 City, State and Zip Code 1. CORRESPONDENCE ADDRESS CO-INVENTOR'S NAME PAUL DAVIS Street Address WILSON, SONSINI, GOODRICH & ROSATI 650 PAGE MILL ROAD City, State and Zip Code PALO ALTO CA 94304 ☐ Check if additional changes are enclosed APPLICATION NO. FILING DATE **TOTAL CLAIMS EXAMINER AND GROUP ART UNIT** DATE MAILED 08/515,379 508/15/95 PEFFLEY, M 045 3311 11/29/95 First Named GOUGH. EDWARD J. **Applicant** TITLE OF MULTIPLE ANTENNA ABLATION APPARATUS INVENTION ATTY'S DOCKET NO. CLASS-SUBCLASS BATCH NO. APPLN. TYPE SMALL ENTITY FEE DUE DATE DUE 3 ZOMD-1039 606-041,000 G98 UTILITY YES \$645.00 02/28/9 3. Correspondence address change (Complete only if there is a change) 4. For printing on the patent front page, list the names of not more than 1 WILSON SONSINI GOODRICH 3 registered patent attorneys or agents & ROSATI OR, alternatively, the name of a firm having as a member a registered 08/19/1997 LBERGER 00000127 DAH:232415 08515379 attorney or agent. If no name is listed, 645.00 CH 01 FC:242 no name will be printed. 02 FC:561 30.00 CH 5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type) (1) NAME OF ASSIGNEE: 6a. The following fees are enclosed: **Zomed** Advance Order - # of Copies (2) ADDRESS: (CITY & STATE OR COUNTRY) 6b. The following fees should be charged to: Mountain View, California DEPOSIT ACCOUNT NUMBER 23-2415 (13724-731) (ENCLOSE A COPY OF THIS FORM) Advance Order # of Copies St Issue Fee A. This application is NOT assigned. Any Deficiencies in Enclosed Fees Assignment previously submitted to the Patent and Trademark Office. The COMMISSIONER OF PATENTS AND TRADEMARKS is Assignment is being submitted under separate cover. Assignment should be Fee to the application identified above sted to exply the Issue directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the pate Inclusion of assignee data is only appropriate when an assignment has been perviously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office **Certificate of Malling** Note: If this certificate of mailing is used, it can be used to transmit the Issue Fee. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing. I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficent postage as first class mail in an envelope addressed to: **Box ISSUE FEE Assistant Commissioner for Patents** BEST AVAILABLE COPY Washington, D.C. 20231 (Date) (Name of person making deposit) (Signature)

(Date)